

## **Personal Care Services**

**Definition:** Personal Care Services are defined as assistance, either hands-on (actually performing a personal care task for a person) or cueing so that the person performs the task by him/herself, in the performance of Instrumental Activities of Daily Living (IADLs) and/or Activities of Daily Living (ADLs). ADLs include eating, bathing, dressing, toileting, transferring, personal hygiene, and maintaining continence. IADLs capture more complex life activities and include light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management, to include informing a client that it is time to take medication as prescribed by his/her physician or handing a client a medication container, and money management to consist of delivery of payment to a designated recipient on behalf of the client. Personal Care services can be provided on a continuing basis or on episodic occasions. Skilled services that may be performed only by a health professional are not considered personal care services.

Using this revised definition, authorizations to providers will be made at two different payment levels. The higher level will be called Personal Care II and will be used when the majority of care is related to activities of daily living (e.g. hands-on care to include bathing, dressing, toileting, etc.). This service may also include monitoring temperature, checking pulse rate, observing respiratory rate, and checking blood pressure. The lower level, Personal Care I, will be authorized when all of the needed care is for instrumental activities of daily living (e.g. hands off tasks such as laundry, meal preparation, shopping, etc.). Both services allow the provider to accompany the individual on visits in the community when the visits are related to the needs of the individual, specified in the plan of care, and related to needs for food, personal hygiene, household supplies, pharmacy or durable medical equipment. You have the responsibility to identify the necessity of the trip, document the plan of care, authorize this component of the service, and monitor the provision of the services.

Effective November 1, 2004 relatives/family members of a waiver recipient may be paid to provide Personal Care Services when the relative/family member is not a legally responsible relative/family member and he/she meets all South Carolina Medicaid provider qualifications. These qualifications are outlined in Appendix B of the approved MR/RD Waiver document included in Chapter 2.

The following relatives/family members will not be paid for providing Personal Care Services:

- The spouse of the Waiver recipient;
- A parent of a minor Waiver recipient;
- A legally responsible foster parent of a minor Waiver recipient;
- A legally responsible guardian of a minor Waiver recipient;
- A court appointed guardian of an adult Waiver recipient.
- Step-parent of a minor Medicaid recipient.

The following relatives/family members may be paid for providing Personal Care Services when all South Carolina Medicaid provider qualifications are met.

- A parent of an **adult** Medicaid recipient
- A non-legally responsible relative/family member of a minor or adult Medicaid recipient

Relatives/family members who are a primary caregiver of the recipient will not be paid for **all** of the care they provide. The amount to be paid will be based on the recipient's needs as determined by SCDDSN. SCDDSN relies on the informal supports provided by family members to consumers. Only

the needs of the recipient will be considered. Services of specific benefit to the recipient will be considered for authorization. Services that benefit the entire household will not be considered.

A by-product of the provision of Personal Care services by someone outside of the recipient's home is that it affords the primary caregiver some relief from the responsibilities of care giving. **Family members who are a primary caregiver and who opt to be paid for a portion of the care/service they provide, will not also be authorized to receive additional respite services.** The need for respite in these situations will be assessed as if the personal care is being provided by an external entity.

For purposes of this policy, "Legally Responsible" means "Legal Guardian" which is defined by Black's Law Dictionary as "A person lawfully invested with the power, and charged with the duty, of taking care of the person and managing the property and rights of another person, who, for defect of age, understanding, or self-control, is considered incapable of administering his own affairs. One who legally has the care and management of the person, or the estate, or both, of a child during its minority." For purposes of this policy "minor" is defined as "An infant or person who is under the age of legal competence, which in South Carolina is age 18."

Effective November 1, 2004 policy allows payment to non-legally responsible family members (brother, sister, step parent, grand parent etc.) living in the same household as the Waiver recipient.

**Personal Care Companies or agencies, including DSN Boards, are under no obligation to hire relatives/family members to provide services.**

When a relative/family member wishes to be paid for providing Personal Care I or Personal Care II Services, the Service Coordinator/Early Interventionist should refer the relative/family member to:

- any company or agency directly enrolled as a provider with the South Carolina Department of Health and Human Services
- OR
- the DSN Board/Qualified Provider serving the recipient.

**Please note:** Aides who provide Personal Care II services must do so under the supervision of a nurse.

When a DSN Board/Qualified Provider hires a relative/family member, documentation that the family member is not legally responsible, as previously defined for the recipient, must be maintained. Use **the Statement of Legal Responsibility for Personal Care Services (MR/RD Form 32)** to document this relationship and keep it in the consumer's file.

When unclear, questions about the permissibility of a relative's eligibility to receive payment under this policy must be sent to your Regional MR/RD Coordinator. Submit a written description of the concern/situation and any other pertinent information, including copies of legal/court documents, etc. Your MR/RD Waiver Coordinator will forward to DHHS General Counsel for determination.

**Please note:** Service Coordinators are expected to monitor the services with the same frequency as would be required if provided by a non-relative caregiver.

**Providers:** Personal Care Services may be provided to recipients by an agency enrolled with the Department of Health and Human Services or by an employee of the local Disabilities and Special Needs (DSN) board that has been trained as a Personal Care Aide (PC I or PC II).

Agencies enrolled with the Department of Health and Human Services must adhere to the requirements noted in the Scopes of Services for Personal Care Services (I and II) for the MR/RD Waiver (attached). The Scopes of Service specify the minimum qualifications for a Personal Care Aide I and II.

Local DSN boards employing PCA's must meet the Administrative Agency Standards as required by the South Carolina Department of Disabilities and Special Needs (SCDDSN). Personal Care Aides providing Personal Care II (PC II) must be supervised by a nurse.

**Arranging for the Services:** In order to determine the amount of Personal Care Services needed, the **Personal Care Needs Assessment (MR/RD Form 34)** must be completed by the Service Coordinator/Early Interventionist with the consumer/legal guardian. The need for the service must be clearly outlined in the recipient's plan/Waiver Services Summary Page to include the amount, frequency and duration.

In addition, you should discuss with the individual/family the option of services provided by an agency enrolled with DHHS or services provided by a board hired/contracted caregiver. Note that for children under the age of 21, Personal Care must be provided by an agency enrolled with the South Carolina Department of Health and Human Services. When considering the options, keep these points in mind:

- If the recipient can benefit greatly from training in tasks or skills currently performed by the PCA, a board employed PCA may have had instruction on how to provide training to the individual.
- If using an agency, only agencies listed as enrolled providers can be used.
- If using a board employee, only employees trained by the board can provide the service.
- For children under age 21, Personal Care **must be** provided by an enrolled agency and a **Physician's order must be obtained**. MR/RD Form 15 may be used for this purpose.

#### **A Personal Care Aide is not allowed to render services in a school setting**

If agency provided services are selected, the recipient/family should be given a listing of available providers from which to choose. **The offering of this provider choice must be documented.**

When entering the budget request for Personal Care Services (I or II) on the Waiver Tracking system (PC I – S29 or PC II – S10), please note that for individuals needing 25 hours/100 units or less per week of Personal Care, services may be approved at the local level and authorized. For anyone requiring more than 25 hours/100 units per week, the Service Coordinator/Early Interventionist must submit the **Personal Care Needs Assessment (MR/RD Form 34)** to their Regional MR/RD Waiver Coordinator for review and approval. See Chapter 6 for contact information for your Regional MR/RD Waiver Coordinator.

**For children under the age of 21, the State Plan covers ALL Personal Care Services. The Service Coordinator/Early Interventionist is the agent to authorize personal care services for children under the age of 21. If a Medicaid recipient under the age of 21 is also enrolled in the MR/RD Waiver, the Service Coordinator/Early Interventionist determines and documents the need and authorizes those State Plan Services using the MR/RD Form A-3. The entire amount of units to be provided is included on the Authorization for Services Form (MR/RD Form A-3). Service Coordinators will NOT key or include Personal Care Services in the Waiver budget for children under the age of 21**

**Agency Services (those enrolled with SCDHHS) are Selected:** Once the service is approved and agency services are selected, an authorization (**MR/RD Form A-3 or A-4**) is completed and forwarded to the chosen agency. If the consumer is under the age of twenty-one (21), a Physician's Order must

accompany the referral and be include in the consumer's file. **MR/RD Form 15** may be used for this purpose. On the **MR/RD Form A-3 or A-4** you must indicate either Personal Care Services I (PC I) or Personal Care Services II (PC II) and include the personal care activities that are requested.

For recipients receiving MR/RD Waiver funded Residential Habilitation, Personal Care Services I or II must be authorized using the **MR/RD Form A-4** which instructs the provider to bill the DSN Board for services rendered.

The **MR/RD Form A-3** must be used for all other recipients. The **MR/RD Form A-3** instructs the provider to bill the South Carolina Department of Health and Human Services for services rendered. A prior authorization number must be included. **For children under age 21, the MR/RD Form A-3 must be used to authorize Personal Care Services even if they are residing in a DDSN Facility and receive Residential Habilitation (e.g. CTH I).**

Upon receipt of the **MR/RD Form A-3 or A-4**, the agency is authorized to provide the services. This authorization remains in effect until a new/revised **MR/RD A-3 or A-4** is sent or until services are terminated (see Chapter 8).

**DSN Board Provided Services are Selected:** Once budgeted services are approved and **board provided services are selected**, you must follow the procedures the DSN Board has in place for requesting, arranging, authorizing, and terminating the service.

**Monitoring the Services:** You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following criteria should be followed when monitoring Personal Care Services (I and II).

- Must complete on-site Monitorship during the first month while the service is being provided unless a Supervisor makes an exception. An exception is defined in the following circumstances:
  - the service is **only provided** in the early morning hours (prior to 7:00 a.m.)
  - the service is **only provided** in late evening hours (after 9:00 p.m.)
  - The exception and approval by the Supervisor must be documented. **NO** other exceptions will be allowed.
- At least once during the second month of service
- At least quarterly thereafter
- Start over with each new provider
- Yearly on-site monitorship required.

This service must be monitored during a contact with the individual/family. It can be supplemented with contact with the service provider. In addition, you should review the daily logs completed by the aides during an on-site visit. Monitorship of the individual's health status should always be completed as a part of Personal Care monitorship. Some items to consider during monitorship include:

- Is the individual receiving Personal Care services as authorized?
- Does the PCA show up on time and stay the scheduled amount of time?
- If the PCA does not show up for a scheduled visit, who is providing back-up services?
- What kinds of tasks is the PCA performing for the individual? Does the service need to continue at the level that it has been authorized?

- Has the individual's health status changed since your last monitorship? If so, is the current level of Personal Care appropriate?
- Is the individual satisfied with the provider of services? Does the provider show the individual courtesy and respect when providing the individual's care?
- Who is providing supervision of the PCA? How often is on-site supervision taking place?

**Reduction, Suspension, or Termination of Services:** If services need to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian. Include the details regarding the change(s) in service and the Reconsideration and Appeal Information. You must wait ten (10) calendar days before proceeding with the reduction, suspension or termination of the service. The general termination form that was used in the past is no longer used. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

# Mental Retardation/Related Disabilities Waiver Personal Care (PC I and PC II) Needs Assessment

MR/RD Waiver Recipient: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Age: \_\_\_\_\_ Service Requested ☐ PC I ☐ PC II

## I. Personal Care Needs

Bath: Bed ☐ Shower/Tub ☐ Partial Assist ☐ Total Assist ☐ Frequency and Time Required \_\_\_\_\_

Shaving: Partial Assist ☐ Total Assist ☐ Frequency and Time Required \_\_\_\_\_

Oral Hygiene: Partial Assist ☐ Total Assist ☐ Frequency and Time Required \_\_\_\_\_

Skin Care: Partial Assist ☐ Total Assist ☐ Frequency and Time Required \_\_\_\_\_

Dressing and Grooming: Partial Assist ☐ Total Assist ☐ Frequency and Time Required \_\_\_\_\_

Incontinence Care: Partial Assist ☐ Total Assist ☐ Frequency and Time Required \_\_\_\_\_

Toileting: Partial Assist ☐ Total Assist ☐ Frequency and Time Required \_\_\_\_\_

Positioning and Turning in Bed: Partial Assist ☐ Total Assist ☐ Frequency and Time Required \_\_\_\_\_

Medication Monitoring: Partial Assist ☐ Total Assist ☐ Frequency and Time Required \_\_\_\_\_

Other Medical Monitoring: \_\_\_\_\_ Partial Assist ☐ Total Assist ☐ Frequency and Time Required \_\_\_\_\_

\_\_\_\_\_ Partial Assist ☐ Total Assist ☐ Frequency and Time Required \_\_\_\_\_

Exercise Partial Assist ☐ Total Assist ☐ Frequency and Time Required \_\_\_\_\_

Ambulation/Escort Services: Distance \_\_\_\_\_ Frequency and Time Required \_\_\_\_\_

Transfers: \_\_\_\_\_

Hoyer ☐ Sliding Board ☐ Lift System ☐ Other \_\_\_\_\_

Partial Assist ☐ Total Assist ☐ Frequency and Time Required \_\_\_\_\_

Other Personal Care Needs: \_\_\_\_\_ Partial Assist ☐ Total Assist ☐ Frequency and Time Required \_\_\_\_\_

\_\_\_\_\_ Partial Assist ☐ Total Assist ☐ Frequency and Time Required \_\_\_\_\_

## II. Meal and Dining Needs

### **Preparation and Set-Up**

Partial Assist ☐ Total Assist ☐

Frequency: and Time Required Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

### **Feeding**

Partial Assist ☐ Total Assist ☐

Frequency: and Time Required Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

### **Clean Up**

Partial Assist ☐ Total Assist ☐

Frequency: and Time Required Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

## III. General Housekeeping Needs (not appropriate for children under the age of twelve)

Vacuuming Recipient's Room/Area: Daily ☐ Weekly ☐ Monthly ☐ Time Required \_\_\_\_\_

Sweeping Recipient's Room/Area: Daily ☐ Weekly ☐ Monthly ☐ Time Required \_\_\_\_\_

Dusting Recipient's Room/Area: Daily ☐ Weekly ☐ Monthly ☐ Time Required \_\_\_\_\_

Mopping Recipient's Room/Area: Daily ☐ Weekly ☐ Monthly ☐ Time Required \_\_\_\_\_

Cleaning Recipient's Bathroom: Daily ☐ Weekly ☐ Monthly ☐ Time Required \_\_\_\_\_

Cleaning Recipient's Bedroom: Daily ☐ Weekly ☐ Monthly ☐ Time Required \_\_\_\_\_

Recipient's Laundry: Daily ☐ Weekly ☐ Monthly ☐ Time Required \_\_\_\_\_

#### **IV. Other Needs:**

Shopping Assistance\*: Errands Daily ☐ Weekly ☐ Monthly ☐ Time Required \_\_\_\_\_

Escort Daily ☐ Weekly ☐ Monthly ☐ Time Required \_\_\_\_\_

**\*not appropriate for recipient's under age eighteen**

Assistance with Communication: Daily ☐ Weekly ☐ Monthly ☐ Time Required \_\_\_\_\_

#### **V. Requested Schedule for Personal Care Services:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total Units Needed Daily: \_\_\_\_\_

Total Units Needed Weekly: \_\_\_\_\_

**Total Units of Personal Care I/Personal Care II recommended \_\_\_\_\_ per day/week/month**  
**(circle one) (circle one)**

Include justification for or against recommended amount of Personal Care I or II \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Person Completing Assessment**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES  
TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**TO:** \_\_\_\_\_

\_\_\_\_\_

**RE:** \_\_\_\_\_

**Recipient's Name**

/

**Date of Birth**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number**

**Medicaid #**     /   /   /   /   /   /   /   /   /   /   /   /

**Social Security #**     /   /   /   /   /   /   /   /   /   /   /   /

*You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).*

**Prior Authorization #**     /   /   /   /   /   /   /   /   /   /   /   /

**Personal Care Services**

\_\_\_\_\_ **Personal Care I (PC I) S5130**

\_\_\_\_\_ **Personal Care II (PC II) T1019**

Number of Units Per Week to be Provided: \_\_\_\_\_ (one unit = 15 minutes)

Start Date: \_\_\_\_\_

**Service Tasks Requested:**

- ☐ Assistance with personal care activities such as bathing, dressing, toileting, brushing teeth, grooming, shampooing hair, caring for skin, etc.
- ☐ Assistance with meals such as feeding, shopping for food, preparing/cooking meals, post-meal cleanup, etc.
- ☐ Assistance with home care/light housekeeping tasks such as sweeping, light laundry, bed making, changing bed linens, etc.
- ☐ Monitoring conditions such as temperature, checking pulse rate, observation of respiratory rate, checking blood pressure, monitoring medications, etc.
- ☐ Assistance with exercise, ambulation, positioning, etc.
- ☐ Transportation and/or escort services

**Please note: Physician's order must be attached for individuals under age 21. MR/RD Form 15 may be used.**

Service coordinator/early interventionist:

Name / Address / Phone # (Please Print):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person Authorizing Services  
MR/RD Form A-3 (1/05)

Date



**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES  
TO BE BILLED TO DSN BOARD**

**TO:** \_\_\_\_\_

\_\_\_\_\_

**RE:** \_\_\_\_\_

**Recipient's Name**

/

**Date of Birth**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number**

**Medicaid #**     /   /   /   /   /   /   /   /   /   /   /   /

**Social Security #**     /   /   /   /   /   /   /   /   /   /   /   /

*You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).*

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- ☐ Monitoring conditions such as temperature, checking pulse rate, observation of respiratory rate, checking blood pressure, monitoring medications, etc.
- ☐ Assistance with exercise, ambulation, positioning, etc.
- ☐ Transportation and/or escort services

**Please note: Physician's order must be attached for individuals under age 21. MR/RD Form 15 may be used.**

Service coordinator/early interventionist:     Name / Address / Phone # (Please Print):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person Authorizing Services  
MR/RD Form A-4 (1/05)

Date

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**

**MR/RD WAIVER**

**PHYSICIAN'S ORDER  
FOR  
PERSONAL CARE SERVICES**

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

I hereby order Personal Care Services to be rendered to the above named participant.

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Physician's Signature

## South Carolina Department of Disabilities and Special Needs

### Statement of Legal Responsibility for Personal Care Services

Customer's Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

South Carolina Medicaid Policy prohibits anyone who is legally responsible for the health care decisions of another to be paid for rendering care/services to that person. If you are legally responsible for the health care decisions of the customer noted above you can not be paid for providing care/services. By signing this statement you acknowledge that you are not legally responsible for the health care decisions of the consumer noted above.

I am not legally responsible for the person noted above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## **MEDICAID HOME AND COMMUNITY-BASED WAIVER SCOPE OF SERVICES**

### **FOR PERSONAL CARE I (PCI) SERVICES**

#### **A. Objectives**

The objectives of (PC I) Services are to preserve a safe and sanitary home environment, provide short term relief for caregivers, assist clients with home care management duties, to supplement and not replace care provided to clients, and to provide needed supervision of Medicaid home and community based waiver clients.

#### **B. Conditions of Participation**

1. Provider Experience. Agencies desiring to be a provider of PC I services must have demonstrated experience in providing PC I or a similar service.
2. Mandatory Participation in Monitoring System. Agencies of PC I services must agree to participate in a service provision monitoring system as specified by the SCDHHS.
3. Mandatory Participation in Contract Compliance Intervention (CCI) System. Agencies of PC I services must agree to participate in a contract compliance intervention system as specified by the SCDHHS.

#### **C. Description of Services To Be Provided**

The Unit of Service is one (1) hour of direct services provided in the client's residence (except when shopping, laundry services, etc. must be done off-site or escort services are provided.) The amount of time authorized does not include the aide's transportation time to or from the client's home, the aide's break or mealtimes.

1. The Provider shall provide to CLTC a list of regularly scheduled holidays, and the Provider shall not be required to furnish services on those days. The PC I Provider agency must not be closed for more than two (2) consecutive days at a time, except when a holiday falls in conjunction with a weekend. If a holiday falls in conjunction with a weekend, a PC I Provider agency may be closed for not more than four (4) consecutive days.
2. The number of units and services provided to each client is dependent upon the individual client's needs as set forth in the Medicaid home and community-based waiver Service Plan or Service Authorization.
3. Personal Care I services include:

- a. meal planning and preparation  
cleaning  
laundry  
shopping  
home safety  
errands  
escort services  
companion services
- b. Limited assistance with financial matters, such as delivering payments to designated recipients on behalf of clients. Receipts for payment should be returned to client.
- c. Assistance with communication which includes, but is not limited to, placing phone within client's reach and physically assisting client with use of the phone, and orientation to daily events.
- d. Observing and reporting on client's condition.
- e. Under no circumstances will any type of skilled medical service be performed.

#### **D. Staffing**

The Provider must provide all of the following and may make sub-contractual arrangements for some but not all of the following:

1. A supervisor who meets the following requirements:
  - a. High school diploma or equivalent;
  - b. Capable of evaluating aides in terms of his/her ability to carry out assigned duties and his/her ability to relate to the client;
  - c. Ability to assume responsibility for in-service training for aides by individual instruction, group meetings, or workshops;
2. Aides who meet the following minimum qualifications:
  - a. Ability to read, write, and speak English;
  - b. Be fully ambulatory;
  - c. Be at least 18 years of age;

- d. Have documented record of having completed six (6) hours of training in the areas indicated in Section D.1.b. aide training, prior to providing services or documentation of personal, volunteer or paid experience in the care of adults, families and/or the disabled, home management, household duties, preparation of food, and be able to communicate observations verbally and in writing;
- e. Have at least an eighth grade education;

### 3. PPD Tuberculin Test

No more than ninety (90) days prior to employment, all staff having direct client contact shall have a PPD tuberculin skin test, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in those who are new employees in order to establish a reliable baseline. [If the reaction to the first test is classified as negative, a second test should be given one to three weeks after the first test. If the second test is classified as negative, the person is considered as being unaffected. A positive reaction to a third test (with an increase of more than 10 mm) in such a person within the next few years, is likely to represent the occurrence of infection with *M. Tuberculosis* in the interval. If the reaction to the second of the initial two test is positive, this probably represents a boosted reaction, and the person should be considered as being infected.]

Employees with reactions of 10mm and over to the pre-employment tuberculin test, those with newly converted skin tests and those with symptoms suggestive of tuberculosis (e.g., cough weight loss, night sweats, fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment must be given, and the person must not be allowed to work until declared non-contagious by a licensed physician.

Routine chest radiographs are not required on employees who are asymptomatic with negative tuberculin skin tests.

Employees with negative tuberculin skin tests shall have an annual tuberculin test.

skin

New employees who have a history of tuberculosis disease and have had adequate treatment shall be required to have certification by a licensed physician or local health department TB staff (prior to employment and annually) that they are not contagious. Regular employees who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not return to work until they have been declared noncontiguous.

Preventive treatment should be considered for all infected employees having direct clients contact who are skin test positive but show no symptoms of tuberculosis. Routine annual chest radiographs are not a substitute for preventive treatment.

Employees who complete treatment, either for disease or infection, are exempt from further routine radiographic screening, unless they develop symptoms of tuberculosis. Employees who do not complete adequate preventive therapy should have an annual assessment for symptoms of tuberculosis.

Post exposure skin tests should be provided for tuberculin negative employees within (12) weeks after termination of contact to a documented case of infection.

Providers needing additional information should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, SC 29201 (phone 803-898-0558).

4. Supervision:

- a. The Supervisor will provide on-site supervision at least once every 365 days for each client and phone contact with the client at least once every 90 days. Supervisors will make phone contacts or conduct on-site supervision more frequently if warranted by complaints or suspicion of substandard performance by the aide.
- b. Each supervisory visit will be documented in the client's file. The Supervisor's report of the onsite visits will include, at a minimum:
  - 1 Documentation that services are being delivered consistent with the Service Plan/Authorization;
  - 2 Documentation that the client's needs are being met;
  - 3 Reference to any complaints which the client or family member / responsible party has lodged; and,
  - 4 A brief statement regarding any changes in the client's service needs.
- c. Supervisors will provide assistance to aides as necessary.
- d. Supervisors will be immediately accessible by phone during any hours services are being provided under this contract. Any deviation from this requirement must be prior approved in writing by the CLTC Waiver Management Division Director. If this position becomes vacant, DHHS must be notified no later than the next business day.

5. The following are minimum training requirements for aides unless more restrictive requirements are imposed by state or federal law or regulation. In the event of a conflict between state and federal requirements, the more restrictive requirement will apply.

All aides must have at least six (6) hours prorated, in service training annually in the following areas:

- a. Maintaining a safe, clean environment and utilizing proper infection control techniques;
  - b. Following written instructions;
  - c. Providing care including individual safety, laundry, meal planning, preparation and serving, and household management
  - d. First aid;
  - e. Ethics and interpersonal relationships;
  - f. Documenting services provided;
  - g. Home support, e.g.,
    - cleaning
    - laundry
    - shopping
    - home safety
    - errands
    - observing and reporting the client's condition
- companion or sitter service

#### **E. Conduct of Service**

The Provider must maintain an individual client record, which documents the following items 1-12:

1. The Provider will initiate PC I services on the date negotiated with the Case Manager / Service Coordinator and indicated on the Medicaid home and community-based waiver authorization. Services must not be provided prior to the authorized start date and must be provided according to the schedule as indicated on the Service Provision Form / Authorization.
2. The Provider will notify the Case Manager / Service Coordinator within three (3) working days of the following client changes:



- a. Client's condition has changed and the Service Plan / Authorization no longer meets client's needs or the client no longer appears to need PC I services.
  - b. Client dies, is institutionalized or moves out of the service area
  - c. Client no longer wishes to participate in a program of PC I services.
  - d. Knowledge of the client's Medicaid ineligibility or potential ineligibility.
3. The Provider will maintain a record keeping system which establishes a client profile in support of units of PC I service delivered, based on the Service Provision / Authorization Form. The Provider will maintain a daily log reflecting the PC I services provided by the aides for the client and the time expended for this service. The daily log must be initialed daily and signed weekly by the client, or family member / responsible person if the client is unable to sign, and the aide. In the event the client is not physically able or mentally competent to sign and the family member / responsible person is not present to sign, then the aide must document the reason the log was not signed by the client or family member / responsible person. The daily log must be reviewed by the Supervisor at least once every two (2) weeks.
4. The provider must provide an on-site supervisory visit at least once every 365 days for each client and phone contact with the client at least once every 90 days. Supervisors will make phone contacts or conduct on-site supervision more frequently if warranted by complaints or suspicion of substandard performance by the aide.
5. The Provider must have an effective written back-up service provision plan in place to ensure that the client receives the PC I service as authorized. Whenever the Provider determines that services cannot be provided as authorized, the Case Manager / Service Coordinator must be notified by telephone immediately. In lieu of CLTC Electronic Monitoring all missed visits must be reported in writing on the CLTC "WEEKLY MISSED VISIT REPORT" form to the local CLTC /DDSN Area Office on Friday of each week. A missed visit is defined as follows: When the client is at home waiting for scheduled services and the services are not delivered.
6. Whenever two consecutive attempted visits occur, the local CLTC/DDSN office must be notified. An attempted visit is when the aide arrives at the home and is unable to provide the assigned tasks because the client is not at home or refuses services.
7. The Provider will inform clients of their right to complain about the quality of PC I services provided and will give clients information about how to register a

complaint. Complaints, which are made against aides, will be assessed for appropriateness for investigation by the Provider. All complaints which are to be investigated will be referred to the Supervisor who will take any appropriate action.

8. The Case Manager /Service Coordinator will authorize PC I services by designating the amount, frequency and duration of service for clients in accordance with the client's Service Plan / Authorization which will have been developed in consultation with the client and others involved in the client's care. The Provider must adhere to those duties which are specified in the Service Plan Authorization. If the Provider identifies PC I duties that would be beneficial to the client's care but are not specified in the Service Plan / Authorization, the Provider must contact the Case Manager / Service Coordinator to discuss the possibility of having these duties included in the Service Plan / Authorization. The decision to modify the duties to be performed by the aide is the responsibility of the Case Manager / Service Coordinator and the Service Plan/Authorization must be amended accordingly. This documentation will be maintained in the client folders.
9. The Case Manager / Service Coordinator will review a client's Service Plan within three (3) working days of receipt of the Provider's request to modify the Service Plan
10. The Case Manager/Service Coordinator will notify the Provider immediately if a client becomes medically ineligible for services. However, the Provider should refer to the language in the Community Long Term Care Services Provider Manual on page 1-5 regarding the provider's responsibility in checking the client's Medicaid card.

#### **F. Administrative Requirements**

1. The Provider shall designate an individual to serve as the administrator for services who shall employ qualified personnel and ensure adequate staff education, in-service training, and employee evaluations. This does not have to be a full-time position; however, the designated administrator will have the authority and responsibility of the direction of services for the provider Agency. The Provider shall notify the Department of Health and Human Services (DHHS) within three (3) working days in the event of a change in the administrator, address, telephone number, or of an extended absence of the agency administrator.
2. The Provider will maintain an organizational chart indicating the lines of authority and responsibility, and make it available to staff and the DHHS upon request.

3. The Provider must have written bylaws or equivalent, which are defined as “a set of rules adopted by the Provider organization for governing the organization’s operations.” Such bylaws shall be available to staff of the Provider and the DHHS upon request.
4. Administrative and supervisory functions shall not be delegated to another organization.
5. A governing body or designated persons shall assume full legal authority for the operation of the Provider. A listing of the members of the governing body shall be available to the DHHS upon request.
6. The Provider will maintain an annual operating budget including all anticipated revenue and expense related items as considered under generally accepted accounting principles, which shall be available to the DHHS upon request.
7. The Provider will maintain a policy and procedures manual to describe how activities will be performed in accordance with the terms of this contract and include the organization’s emergency plan. All policies and procedures shall be kept in the organization’s manual which shall be available during office hours for the guidance of the governing body, personnel, and to the DHHS upon request.
8. The Provider shall acquire and maintain liability insurance during the life of this contract to protect all paid and volunteer staff including board members, from liability incurred while acting on behalf of the Provider. Upon request, the Provider shall furnish a copy of the insurance policy to the DHHS.
9. The Provider shall conform to applicable federal, state, and local health and safety rules and regulations, and have an on-going program to prevent the spread of infectious diseases among its employees.
10. The Provider agency shall ensure that key agency staff, including the agency administrator or Supervisor, be accessible in person, by telephone, or by beeper during compliance review audits conducted by SCDHHS and /or its agents.
11. The Provider shall maintain an office open during normal business hours and staffed with qualified personnel.

April 11, 2001

**MEDICAID HOME AND COMMUNITY-BASED WAIVER**  
**SCOPE OF SERVICES FOR**  
**PERSONAL CARE II (PC II) SERVICES**

A. Objectives

The objective of the PC II Service is to restore, maintain, and promote the health status of Medicaid home and community-based waiver clients through home support, medical monitoring, escort/transportation services, and assistance with activities of daily living.

B. Conditions of Participation

1. Provider Experience. Agencies desiring to be a provider of PC II services must have demonstrated experience in providing PC II or a similar service.
2. Mandatory Participation in Monitoring System. Agencies of PC II services must agree to participate in a service provision monitoring system as specified by the SCDHHS.
3. Mandatory Participation in Contract Compliance Intervention (CCI) System. Agencies of PC II services must agree to participate in a contract compliance intervention system as specified by the SCDHHS.

C. Description of Services to be Provided

1. The Unit of Service will be one (1) hour of direct PC II service provided to/for a client in the client's place of residence. PC II services may be provided in other locations when the client's record documents the need and when prior approved by the CLTC Area Administrator/DDSN Service Coordinator unless otherwise stipulated in Medicaid policy. The minimum number of units authorized per visit is two (2), unless the Service Provision/Authorization Form stipulates otherwise. The amount of time authorized does not include provider transportation time to and from the client's place of residence.
2. The Provider shall provide to CLTC a list of regularly scheduled holidays, and the Provider shall not be required to furnish services on those days. The PC II Provider agency must not be closed for more than two (2) consecutive days at a time, except when a holiday falls in conjunction with a weekend. If a holiday falls in conjunction with a weekend, a PC II Provider agency may be closed for not more than four (4) consecutive days.
3. The number of units and service provided to each client is dependent upon the individual client's needs as set forth in the client's Service Plan/Authorization.

4. PC II services include:

- a. Support for activities of daily living, e.g.,
  - Eating
  - Bathing
  - Personal grooming including dressing
  - Personal hygiene
  - Meal planning and preparation
  - Assisting clients in and out of bed
  - Assisting with ambulation
  - Toileting and maintaining continence
- b. Home support, e.g.,
  - Cleaning
  - Laundry
  - Shopping
  - Home safety
  - Errands
- c. Monitoring of the client's condition e.g., the type of monitoring that would be done by a family member such as monitoring temperature, checking pulse rate, observation of respiratory rate, and blood pressure.
- d. Monitoring medication, e.g., the type that would consist of informing the client that it is time to take medication as prescribed by his or her physician and as written directions on the box or bottle indicate. It does not mean that the aide is responsible for giving the medicine; however, it does not preclude the aide from handing the medicine container to the individual.
- e. Escort services when necessary. Transportation may be provided when necessary and included in the client's Service Plan/Authorization. The provision of transportation is optional and will depend on the provider's policy in this regard.
- f. Strength and balance training.

D. Staffing

The provider must provide all of the following and may make subcontractual arrangements for some but not all of the following:

1. A registered nurse(s) or licensed practical nurse(s) who meets the following requirements:

- a. Currently licensed by the SC State Board of Nursing.
  - b. At least two (2) years experience as a registered nurse or licensed practical nurse in public health, hospital or long term care nursing.
  - c. Capable of evaluating the aide in terms of his/her ability to carry out assigned duties and his/her ability to relate to the client.
  - d. Ability to assume responsibility for in-service training for aides by individual instruction, group meetings or workshops.
2. Aides who meet the following qualifications:
- a. Ability to read, write, and speak English.
  - b. Fully ambulatory.
  - c. Capable of aiding in the activities of daily living.
  - d. Capable of following a care plan with minimal supervision.

3. PPD Tuberculin Test

- a. No more than ninety (90) days prior to employment, all staff having direct client contact shall have a PPD tuberculin skin test, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in those who are new employees in order to establish a reliable baseline. [If the reaction to the first test is classified as negative, a second test should be given one to three weeks after the first test. If the second test is classified as negative, the person is considered as being uninfected. A positive reaction to a third test (with an increase of more than 10mm) in such a person within the next few years, is likely to represent the occurrence of infection with *M. Tuberculosis* in the interval. If the reaction to the second of the initial two tests is positive, this probably represents a boosted reaction, and the person should be considered as being infected.]

Employees with reactions of 10mm and over to the pre-employment tuberculin test, those with newly converted skin tests, and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment should be given, and the person must not be allowed to work until declared noncontagious by a licensed physician.

Routine chest radiographs are not required on employees who are asymptomatic with negative tuberculin skin tests.

Employees with negative tuberculin skin tests shall have an annual tuberculin skin test.

New employees who have a history of tuberculosis disease and have had adequate treatment shall be required to have certification by a licensed physician or local health department TB staff (prior to employment and annually) that they are not contagious. Regular employees who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not return to work until they have been declared noncontagious.

Preventive treatment should be considered for all infected employees having direct client contact who are skin test positive but show no symptoms of tuberculosis. Routine annual chest radiographs are not a substitute for preventive treatment. Employees who complete treatment, either for disease or infection, may be exempt from further routine radiographic screening, unless they develop symptoms of tuberculosis. Employees who do not complete adequate preventive therapy should have an annual assessment for symptoms of tuberculosis.

Post exposure skin tests should be provided for tuberculin negative employees within twelve (12) weeks after termination of contact to a documented case of infection.

Providers needing additional information should contact the Tuberculosis Control Branch, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, S.C. 29201 (phone (803) 898-0558).

#### 4. Nursing Supervision:

PC II services must be provided under the supervision of the registered nurse or licensed practical nurse (as noted on the Nurse Supervisor Locator Form) who meets the requirements as stated in the scope and will:

- a. Make the initial visit to the client's home prior to the start of PC II services for the purpose of developing the plan of care and in order to give the client written information regarding advance directives.
- b. Be immediately accessible by phone and must be physically accessible within sixty (60) minutes from the client's home during any hours services are being provided under this contract. Any deviation from this requirement must be prior approved in writing by the Director, CLTC Division Waiver Management. If this position becomes vacant, SCDHHS must be notified no later than the next business day.
- c. Provides and documents supervision of, training for, and evaluation of aides within the Nurse Supervisor's assigned geographical area of responsibility as submitted to and approved by the SCDHHS.

- d. Make a Supervisory visit to the client's place of residence within thirty (30) days after the PC II service is initiated. After the thirty (30) day Supervisory visit, make a Supervisory visit to the client's place of residence at least twice every six months for each client. The aide must be present during one of the Supervisory visits during each six month period. Supervisory visits must be documented in the client record.
  - e. Supervisory visits should be conducted as necessary if indicated by substandard performance of the aide.
  - f. Assist aides as necessary as they provide individual personal care services as outlined by the Service Plan/Authorization. Any supervision given must be documented in the individual client's record.
5. The following are minimum training requirements for aides unless more restrictive requirements are imposed by state or federal law or regulation. In the event of a conflict between state and federal requirements, the more restrictive requirement will apply.
- a. Aides must have passed competency testing or successfully completed a competency training and evaluation program performed by an RN as outlined in CFR Part 484.36.

NOTE: In addition to the competency referenced above, the competency must include the following areas:

- Activities of daily living, e.g.,
  - Eating
  - Bathing (sponge, tub)
  - Personal grooming
  - Personal hygiene including dressing
  - Meal planning and preparation
  - Proper transfer technique (assisting clients in and out of bed)
  - Assistance with ambulation
  - Toileting and maintaining continence
- Home support, e.g.,
  - Cleaning
  - Laundry
  - Shopping
  - Home safety
  - Errands
- Medical monitoring of the individual, e.g.,



- Monitoring the client's condition
  - Monitoring medications
  - Basic recognition of medical problems
  - First aid for emergencies
  - Escort/Transportation services
  - Strength and balance training, if the Provider participates in the strength and balance training program.
  - Record keeping, e.g.,
    - A daily log signed by the client or family member/responsible person and aide to document what services were provided for the client in relation to the Service Plan/Authorization.
    - Summary prepared weekly by the aide and reviewed at least once every two weeks by the supervising nurse(s).
  - Ethics and interpersonal relationships
- b. Proof of the competency evaluation must be recorded in the personnel file. The Division of CLTC has developed a form called "Competency Evaluation Documentation" which may be used to document the competency evaluation. An initial copy of the CLTC form may be procured by contacting the CLTC Central Office. If the CLTC form is not used to document the competency evaluation, then a form containing at a minimum the information requested on the CLTC form must be used.
- c. The Provider will provide for a minimum of twelve (12) hours relevant in-service training per calendar year (the annual 12 hour requirement will be on a pro-rated basis during the aide's first year of employment). Documentation shall include topic, name and title of trainer, training objectives, outline of content, length of training, list of trainees, location, and outcome of training. Topics for specific in-service training may be mandated by CLTC. In-service training may be furnished by the Nurse supervisor while the aide is furnishing care to the client. Additional training may be provided as deemed necessary by the Provider. Any self-study training programs must be approved for content and credit hours by CLTC prior to being offered and may not exceed four of the 12 in-service annual training hours. The Provider shall submit proposed program(s) to the CLTC Central Office at least forty-five (45) days prior to the planned implementation.
6. An ongoing infection control program must be in effect.
7. Personnel folders:

Individual records will be maintained to document each member of the staff has met the above requirements.

E. Conduct of Service

The Provider must maintain an individual client record which documents the following items 1-12:

1. The Provider will initiate PC II services on the date negotiated with the Case Manager/Service Coordinator and indicated on the Medicaid home and community-based waiver authorization. Services must not be provided prior to the authorized start date and must be provided according to the schedule as indicated on the Service Provision Form/Authorization.
2. The Provider will notify the Case Manager/Service Coordinator within three (3) working days of the following client changes:
  - a. Client's condition has changed and the Service Plan/Authorization no longer meets client's needs or the client no longer appears to need PC II services.
  - b. Client is institutionalized, dies or moves out of the service area.
  - c. Client no longer wishes to receive PC II services.
  - d. Knowledge of the client's Medicaid ineligibility or potential ineligibility.
3. The Provider will maintain a record keeping system which establishes a client profile in support of units of PC II service delivered, based on the Service Provision/Authorization Form. The Provider will maintain a daily log reflecting the PC II services provided by the aides for the client and the time expended for this service. The daily log must be initialed daily and signed weekly by the client, or family member/responsible person if the client is unable to sign, and the aide. In the event the client is not physically able or mentally competent to sign and the family member/responsible person is not present to sign, then the aide must document the reason the log was not signed by the client or family member/responsible person. The daily log must be summarized by the aide on a weekly basis and reviewed by the Nurse Supervisor at least once every two (2) weeks.
4. The Provider must complete the initial thirty (30) day and subsequent six month Supervisory visit which include at a minimum assurance that the services are being delivered consistent with the service plan in an appropriate manner, assurance that the client's needs are being met, and a brief statement regarding the client's condition. The summary review must be maintained in the client record. In the event the client is inaccessible during the time the visit would have normally been made, the review must be completed within five (5) working days of the resumption of PC II services

5. The Provider must have an effective written back-up service provision plan in place to ensure that the client receives the PC II services as authorized. Whenever the Provider determines that services cannot be provided as authorized, the Case Manager/Service Coordinator must be notified by telephone immediately. All missed visits must be reported in writing on the CLTC "WEEKLY MISSED VISIT REPORT" form to the local CLTC/DDSN Area Office on Friday of each week. A missed visit is defined as follows: When the client is at home waiting for scheduled services and the services are not delivered
6. Whenever two consecutive attempted visits occur, the local CLTC/DDSN office must be notified. An attempted visit is when the aide arrives at the home and is unable to provide the assigned tasks because the client is not at home or refuses services.
7. The Provider will inform clients of their right to complain about the quality of PC II services provided and will give clients information about how to register a complaint. Complaints which are made against aides will be assessed for appropriateness for investigation by the Provider. All complaints which are to be investigated will be referred to the Nurse Supervisor who will take any appropriate action.
8. The Nurse Supervisor must make the initial visit to the client's home prior to the start of PC II services for the purpose of developing the plan of care and in order to give the client written information regarding advanced directives. The plan of care must be developed prior to the provision of PC II services. The provider must maintain documentation showing that it has complied with the requirements of this section.
9. The Case Manager/Service Coordinator will authorize PC II services by designating the amount, frequency and duration of service for clients in accordance with the client's Service Plan/Authorization which will have been developed in consultation with the client and others involved in the client's care. The Provider must adhere to those duties which are specified in the Service Plan/Authorization in developing the Provider care plan. If the Provider identifies PC II duties that would be beneficial to the client's care but are not specified in the Service Plan/Authorization, the Provider must contact the Case Manager/Service Coordinator to discuss the possibility of having these duties included in the Service Plan/Authorization. **Under no circumstances will any type of skilled medical service be performed by an aide.** The decision to modify the duties to be performed by the aide is the responsibility of the Case Manager/Service Coordinator and the Service Plan/Authorization must be amended accordingly. This documentation will be maintained in the client folders.
10. The Case Manager/Service Coordinator will review a client's Service Plan within three (3) working days of receipt of the Provider's request to modify the Service Plan.
12. The Case Manager/Service Coordinator will notify the Provider immediately if a client becomes medically ineligible for services. However, the Provider should refer to the

language in the Community Long Term Care Services Provider Manual on page 1-5 regarding the provider's responsibility in checking the client's Medicaid card.

F. Administrative Requirements

1. The Provider agency shall designate an individual to serve as the agency administrator who shall employ qualified personnel and ensure adequate staff education, in-services training and employee evaluations. This does not have to be a full time position; however, the designated administrator must have the authority and responsibility for the direction of the Provider agency. The Provider agency shall notify SCDHHS within three (3) working days in the event of a change in the agency Administrator, address, phone number or an extended absence of the agency administrator.
2. The organization, administrative control and lines of authority for the delegation of responsibility down to the hands-on client care level staff shall be set forth in writing. This shall be readily accessible to all staff and shall include an organizational chart. A copy of this shall be forwarded to SCDHHS at the time the contract is implemented. Any future revisions or modifications shall be distributed to all staff of the Provider agency and to SCDHHS.
3. The Provider agency must have written bylaws or equivalent which are defined as "a set of rules adopted by the Provider agency for governing the agency's operations." Such bylaws or equivalent shall be made readily available to staff of the Provider agency and shall be provided to SCDHHS upon request.
4. Administrative and supervisory functions shall not be delegated to another agency or organization.
5. A governing body or designated persons so functioning shall assume full legal authority for the operation of the Provider agency. A listing of the members of the governing body shall be made available to SCDHHS upon request.
6. An annual operating budget, including all anticipated revenue and expenses related to items which would under generally accepted accounting principles be considered revenue and expense items, must be submitted to SCDHHS prior to the signing of the initial contract with SCDHHS. The Provider agency must maintain an annual operating budget which shall be made available to SCDHHS upon request.
7. The Provider agency shall acquire and maintain during the life of the contract liability insurance to protect all paid and volunteer staff, including board members, from liability incurred while acting on behalf of the agency. Upon request, the Provider agency shall furnish a copy of the insurance policy to SCDHHS.
8. The Provider will develop and maintain a State approved Policy and Procedure Manual which describes how activities will be performed in accordance with the terms of the contract and which includes the agency's emergency plan.

9. The provider agency shall ensure that key agency staff, including the agency administrator or the Nurse Supervisor, be accessible in person, by phone, or by beeper during compliance review audits conducted by SCDHHS and/or its agents.
9. The provider agency shall maintain an office which is open during normal business hours and staffed with qualified personnel

April 17, 2001

Sample